	Under the Paperwork Reduction Act of 1995 TRANSMITTAL FORM (to be used for all correspondence after initial for the Total Number of Pages in This Submission	Attorney Docket Number Application Number Filing Date First Named Inventor Art Unit Examiner Name	Approved for use through 07/31/2006. OMB 0651-0031 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Ilection of information unless it displays a valid OMB control number. 10/667,237 September 17, 2003 Pekka Merilainen 3735 Zoe E. Baxter 2532-00320
Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Andrus, Sceales, Starke & Sawall, LLP Signature Attu TALL Brinted name	Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement	Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Receipt Postcard
	Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNAT Firm Name Andrus, Sceales, Signature Reply to Missing Parts Under 37 CFR 1.52 or 1.53	Replacement Drawings	RNEY, OR AGENT

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Date

December 11, 2006

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PTO/SB/17 (01-06)
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	complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006		Application Nu		/667,237			
		Filing Date		September 17, 2003			
				Pekka Merilainen			
Applicant claims small entity status. See 37 CFR 1.27					e E. Baxter		
TOTAL AMOUNT OF PAYMENT \$0.00				3735			
TOTAL AMOUNT OF TATMENT	1 \$0.00		Attorney Docket No. 25		2532-00320		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card	7,						
Deposit Account Deposit Account Number: 01.2000 Deposit Account Name: Andrus, Sceales, Starke & Sawall, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicat	ed below		Charg	ge fee(s) ind	icated below, ex	cept for the filing fee	
Charge any addition		rpayments of fe	e(s) 🗸 Credi	t any overpa	avments		
under 37 CFR 1.16 a		ic. Credit card inf		•	•	rovide credit card	
information and authorization on PTO							
FEE CALCULATION (All the	fees below ar	e due upon fi	ling or may be	subject to	o a surcharge.	.)	
1. BASIC FILING, SEARCH, A		ATION FEES					
FIL	NG FEES Small Entit		CH FEES	EXAMIN	ATION FEES		
Application Type Fee		Fee (\$	Small Entity 1 Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility 300	150	500	250	200	100		
Design 200	100	100	50	130	65		
Plant 200	100	300	150	160	80		
Reissue 300	150	500	250	600	300		
Provisional 200	100	0	0	0	0		
2. EXCESS CLAIM FEES					- 40	Small Entity	
Fee Description	na Daionus -\				<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)					200	100	
Multiple dependent claims					360	180	
• •	Claims Fe	ee (\$) Fee	Paid (\$)			ependent Claims	

HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Total Sheets (round up to a whole number) x / 50 =

Fee Paid (\$) \$0.00

\$0.00

4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)

- 20

Other (e.g., late filing surcharge):

Indep. Claims

HP = highest number of total claims paid for, if greater than 20.

Extra Claims

Fee (\$)

Fees Paid (\$)

SUBMITTED BY Registration No. Signature Telephone 414-271-7590 54,180 Date December 11, 2006 Name (Print/Type) Peter T. Holsen

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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